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APPLICANTS
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**** CONTINUING DATA *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY HUNGARY	SHEETS DRAWINGS 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119(a-d) conditions met Verified and /HENRY M JOHNSON III	<input type="checkbox"/> Met after Allowance				
Acknowledged Examiner's Signature	Initials				

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TITLE
 APPARATUS FOR TREATING PATIENTS SUFFERING FROM VASCULAR DISEASE BY MEANS OF
 INFRA-AUDIBLE AND ULTRASOUND WAVES

FILING FEE RECEIVED 669	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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